2022

MSF CLINICAL TRIAL TRANSPARENCY POLICY

MEDECINS SANS FRONTIERES

1. Statement Of Purpose

Médecins Sans Frontières (MSF) operates under the five working principles of impartiality, independence, neutrality, bearing witness, and transparency. MSF considers transparency as critical for ensuring accountability towards our patients and their communities and an important tool to improve public health by enabling evaluations of our practices and positioning on medical humanitarian issues.

The principle of transparency is especially important in the field of medical research, where the information asymmetry among patients, researchers, and the public can result in mistrust and impede progress. Conversely, the prospective and open sharing of protocols, registering of clinical trials, and timely sharing of results and data respects the contribution of participants, contributes to MSF's mission to provide the highest standard of medical care, and improves the benefits to society while minimizing harm.

Based on the belief that the prospective registration, sharing of research protocols, and sharing the results and data of clinical trials is an important element of transparency and an ethical imperative towards our patients, MSF signed the World Health Organization's joint statement on public disclosure of results from clinical trials in 2017.[1] Through this pledge MSF committed to publishing research protocols, registering clinical trials on appropriate registries, and subsequently publishing clinical trial data in open access formats. This policy applies whenever MSF is the trial sponsor and, furthermore, calls upon MSF to make all efforts to assure compliance when collaborating in a trial led and/or funded by external partners.

[1] Joint statement on public disclosure of results from clinical trials: https://cdn.who.int/media/docs/default-source/clinical-trials/ictrp-jointstatement-2017.pdf

2. SCOPE OF THIS POLICY: WHAT CLINICAL TRIALS DOES IT APPLY TO?

This policy applies to all anonymized clinical trial data, protocols and clinical study reports, where MSF is a sponsor and controls the generated data.

Cost data covered by this policy is detailed in section 3 and applies to data that is readily available to MSF.

In trials where MSF is a collaborator but not a sponsor or has no control over the data, MSF will make all efforts to ensure that partners adhere to the policy below, ideally discussing this policy in initial planning of the collaboration.

It may occasionally be borderline as to whether MSF's contribution is significant enough for this policy to apply. In these cases, the decision should rest with the relevant MSF Medical Director.

This policy should be read and interpreted in line with MSF's Health Data Sharing Policy and MSF's Health Data Protection Policy.[2,3]

This policy will be implemented prospectively from 18 October 2022.

3. FULL COMPLIANCE WITH THIS POLICY INCLUDES:

- **Prospective registration of clinical trials**

  It is widely accepted that "every research study involving human subjects must be registered in a publicly accessible database before recruitment of the first subject" or as soon as possible afterwards and that this constitutes one of the core ethical imperatives of medical research.[4]

  All clinical trials which fall within the scope of this policy should be prospectively registered with an internationally recognized clinical trial registry (e.g., ClinicalTrials.gov or another register listed as primary registries on the WHO International Clinical Trials Registry Network).[5] Any changes to information registered on a clinical trial registry (e.g., number of

[2] February 6, 2013. https://www.msf.org/sites/msf.org/files/msf_data_sharing_policycontact_infoannexes_final.pdf
[3] March 13, 2018. https://msfintl.sharepoint.com/sites/msfintlcommunities/MedOp_OLD/MedOp%20documents/Intersectional%20medical%20policies/MSF%20Health%20Data%20Protection%20Policy%20VALIDATED%20April%202018.pdf
[4] Declaration of Helsinki – Ethical Principles for Medical Research Involving Human Subjects 2013 - https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/
[5] https://www.who.int/clinical-trials-registry-platform/network/primary-registries

patients enrolled, recruitment status, outcome measures) should be updated on the trial entry in a timely fashion.

- **Publication of study protocols**

The prospective publication of study protocols enables public assessment of academic robustness and rigor of the clinical trials, and it combats reporting bias.[6,7]

Full protocols of all clinical trials which fall within the scope of this policy should be published online (open access or clinical trial specific website or in a peer-reviewed journal) as soon as ethical clearance has been obtained.

- **Publication of clinical trial results**

The timely and open publication of clinical trial results is an ethical imperative in research and also important to minimize a duplication of effort and to build trust with past and future trial participants.

- Key results of clinical trials falling under this policy should be reported within 12 months from the completion of the clinical trial in question in an internationally recognized clinical trial registry (e.g., ClinicalTrials.gov or another register listed as primary registries on the WHO International Clinical Trials Registry Network).[8]
- Full clinical trial data should be published in their entirety in open-access peer reviewed journals, ideally within 24 months of the completion of the clinical trial. Alternatively, if efforts to publish in a peer reviewed journal are unsuccessful, results and data should be published on a publicly accessible free server. For further details on open access publication requirements at MSF, refer to MSF's 'Publication without Paywalls' policy.[9]
- The Trial ID or registry identifier code should be included in all publications of clinical trials and should be mentioned as part of the abstract in peer reviewed publications to enable linking of trial related publications.
- Individual Patient Data (IPD) is not covered by the obligations above. However, sharing of IPD in a data repository or on a website hosting both the trial data and statistical packages is desirable and may be done on a case-by-case basis, in line with MSF's data sharing policy.[10]
- Every effort is to be made to communicate results with communities where trial participants originated through participant letters, fliers, community presentations etc.

[6] Outcome reporting bias in trials: a methodological approach for assessment and adjustment in systematic reviews https://www.bmj.com/content/362/bmj.k3802

[7] Review and publication of protocol submissions to Trials – what have we learned in 10 years? https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5256548/

[8] https://www.who.int/clinical-trials-registry-platform/network/primary-registries

[9] Version 2, October 2020

[10] February 6, 2013. https://www.msf.org/sites/msf.org/files/msf_data_sharing_policycontact_infoannexes_final.pdf

- **Publication of clinical trial costs**

Clinical trial costs are the largest contributor to total research and development costs and poor reporting practices hinder the creation of reliable cost estimates and proportionate funds for research and innovation.[11] By reporting disaggregated cost data for clinical trials, MSF allows other entities to generate reliable predictions for future R&D ventures and make proportionate and rational investments – especially for research in low-resource settings.

Because costs associated with conducting clinical trials differ on a case-by-case basis and are often difficult to disaggregate from other ongoing operational costs, this policy cannot define exact reporting requirements. However, drawing on published reporting guidance, the following cost items should be disclosed publicly, wherever pragmatic and possible.[12]

Cost items to be reported for the overall study in *all cases*. All costs imputed to a clinical trial as per budget validated:

- Personnel costs (including salary and benefits for all staff dedicated to clinical trial implementation)
- Costs of external validation of samples/external procedures (clinical procedures including clinical examinations)
- Costs of drugs/laboratory items or any other related material specific to the clinical trial, transport and travel costs if relevant
- Publication Costs, Subawards/Consortium/Contractual Costs

Cost items to be calculated as an *approximation*:

- HQ costs: time allocated to follow up by experts including legal advice, data protection, MSF ERB and other services when relevant
- HR costs of field staff supporting clinical trial implementation as part of their project management functions
- If the clinical trial is embedded in an ongoing project “a cost estimation for those patients in the project involved in the Trial”
- Resources allocated for specific community engagement activities

[11] DiMasi JA, Grabowski HG, Hansen RW. Innovation in the pharmaceutical industry: New estimates of R&D costs. *J Health Econ* 2016;47:20-33. https://doi.org/10.1016/j.jhealeco.2016.01.012

[12] Barel, A., Boman, L., & Morten, C. (2020). Clinical Trial Cost Transparency at the National Institutes of Health: Law and Policy Recommendations. https://www.law.nyu.edu/sites/default/files/Clinical_Trial_Cost_Transparency_at_the_NIH-Law_and_Policy_Recommendations.pdf

4. DEFINITIONS

- **Clinical trials:**

A “clinical trial” in this policy means any prospective and interventional study in human volunteers with the purpose of knowledge generation. In a clinical trial, volunteers receive interventions according to a predefined research protocol.

- **Clinical trial completion:**

A clinical trial is considered completed when one or more of the criteria for completion set out in the clinical trial protocol is met or the data safety monitoring board for the clinical trial determines that one of the trial termination criteria has been met. When passive or active follow-up is completed, this too shall be considered part of the clinical trial data to be reported.

- **Clinical trial data:**

“Clinical trial data” refers to the information generated by the clinical trial, including safety data concerning the interventions studied.

“Clinical trial data” may also refer to cost data detailed in section 3 under “Publication of clinical trial costs”.

- **Clinical trial results:**

“Clinical trial results” refers to the final findings, in particular the primary and secondary outcomes, after any analyses of the raw data. This includes both positive and negative trial results.

- **Sponsor:**

An individual, company, institution or organization which takes responsibility for the initiation, management and/or financing of a clinical trial. Sponsorship may be shared across more than one entity but must be clearly defined through an MoU or protocol.

- **Control over data:**

MSF has control over data when MSF or any employee of MSF acting within their employment contract has access to the data and, while respecting all legal obligations and agreements, can share it on a platform of its choosing.